



John Flynn <JFlynn@afphq.org> on 10/20/2010 06:31:42 PM

To: "'2022190174@fec.gov'" <2022190174@fec.gov>
cc:

Subject: FEC Form 9

Attached please find FEC Form 9 filed on behalf of Americans for Prosperity.

Sincerely,

John Flynn
Executive Vice President and General Counsel
Americans for Prosperity
Suite 350
2111 Wilson Blvd.
Arlington, VA 22201
(703) 224-3200 office
(703) 224-3201 facsimile
jflynn@afphq.org



www.AmericansForProsperity.org FEC Form 9 - 10-20-10.pdf

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name

Americans for Prosperity

(b) Address (number and street) ☐ check if different than previously reported

2111 Wilson Blvd Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C

3. Is This Statement

☒ New
or

☐ Amended

4. Covering Period

10 15 2010
through
10 19 2010

5. (a) Date of Public Distribution(s)

10 19 2010

(b) Communication Title

"Yes Man"

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

8. Custodian of Records

(a) Name

Steve Mullins

(b) Address (number and street)

2111 Wilson Blvd, Suite 350

(c) City, State and ZIP Code

Arlington, VA 22201

(d) Name of Employer or Principal Place of Business

Americans for Prosperity

(e) Occupation

CFO

9. Total Donations This Statement

0

10. Total Disbursements/Obligations This Statement

206 960 00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

John Flynn

SIGNATURE

John Flynn

DATE

10/20/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g

11. Person(s) Sharing/Exercising Control

A.	(a) Name Tim Phillips	(b) Address (number and street) 211 Wilson Blvd, Suite 350	(c) City, State and ZIP Code Arlington, VA 22201	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation President
B.	(a) Name John Flynn	(b) Address (number and street) 211 Wilson Blvd, Suite 350	(c) City, State and ZIP Code Arlington, VA 22201	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation Secretary/Treasurer
C.	(a) Name Steve Mullins	(b) Address (number and street) 211 Wilson Blvd, Suite 350	(c) City, State and ZIP Code Arlington, VA 22201	(d) Name of Employer or Principal Place of Business Americans for Prosperity	(e) Occupation CFO
D.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation
E.	(a) Name	(b) Address (number and street)	(c) City, State and ZIP Code	(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-A
Donation(s) Received

PAGE 3 OF 6

<p>A. Full Name of Donor <u>N/A</u> Mailing Address of Donor _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt _____ Amount _____</p>
<p>B. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt _____ Amount _____</p>
<p>C. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt _____ Amount _____</p>
<p>D. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt _____ Amount _____</p>
<p>E. Full Name of Donor _____ Mailing Address of Donor _____ City _____ State _____ Zip _____</p>	<p>Date of Receipt _____ Amount _____</p>
<p>SUBTOTAL of Donations This Page (optional) ▶ <u> </u></p> <p>TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 9)</p>	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **4** OF **6**

A. Full Name (Last, First, Middle Initial) of Payee <u>Konjoka Media</u>				Date of Disbursement or Obligation <u>10 15 2010</u>	
Mailing Address of Payee <u>PO Box 6666</u>				Amount <u>1410.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "NIC Radio SC 10.14.10"</u>					
Name of Federal Candidate <u>John Spratt</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>SC</u> District: <u>05</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
B. Full Name (Last, First, Middle Initial) of Payee <u>Konjoka Media</u>				Date of Disbursement or Obligation <u>10 15 2010</u>	
Mailing Address of Payee <u>PO Box 6666</u>				Amount <u>129 025.00</u>	
City <u>Weston</u>		State <u>MA</u>		Zip Code <u>02493</u>	
Name of Employer 				Occupation 	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Yes Man" TV Ad</u>					
Name of Federal Candidate <u>Chad Causey</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>AR</u> District: <u>01</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					<u>130 435.00</u>
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 5 OF 6

A. Full Name (Last, First, Middle Initial) of Payee <u>Clear Channel</u>				Date of Disbursement or Obligation <u>10 19 2010</u>	
Mailing Address of Payee <u>2880-B Neade Avenue Suite 250</u>				Amount <u>24 862.50</u>	
City <u>Las Vegas</u>		State <u>NV</u>		Zip Code <u>89102</u>	
Name of Employer 		Occupation 		Communication Date <u>10 19 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Harry Reid Choices" Radio Spot</u>					
Name of Federal Candidate <u>Harry Reid</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NV</u> District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee <u>CBS Radio</u>				Date of Disbursement or Obligation <u>10 19 2010</u>	
Mailing Address of Payee <u>6655 W. Sahara Avenue D110</u>				Amount <u>24 862.50</u>	
City <u>Las Vegas</u>		State <u>NV</u>		Zip Code <u>89146</u>	
Name of Employer 		Occupation 		Communication Date <u>10 19 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Harry Reid Choices" Radio Spot</u>					
Name of Federal Candidate <u>Harry Reid</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NV</u> District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶				<u>49 725.00</u>	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE 6 OF 6

A. Full Name (Last, First, Middle Initial) of Payee <u>Beasley Broadcast Group</u>				Date of Disbursement or Obligation <u>10 19 2010</u>	
Mailing Address of Payee <u>1455 East Tropicana Suite 800</u>				Amount <u>19 125 00</u>	
City <u>Las Vegas</u>		State <u>NV</u>		Zip Code <u>89119</u>	
Name of Employer <u></u>		Occupation <u></u>		Communication Date <u>10 19 2010</u>	
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Harry Reid Choices"</u>					
Name of Federal Candidate <u>Harry Reid</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NV</u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
B. Full Name (Last, First, Middle Initial) of Payee <u>Mountain-top Media</u>					
Mailing Address of Payee <u>P O Box 578</u>					
City <u>Sparta</u>		State <u>NJ</u>		Zip Code <u>07871</u>	
Name of Employer <u></u>		Occupation <u></u>		Date of Disbursement or Obligation <u>10 19 2010</u>	
Amount <u>7 675 00</u>					
Communication Date <u>10 19 2010</u>					
Purpose of Disbursement (Including title(s) of communication(s)) <u>Placement of "Mick Pallone"</u>					
Name of Federal Candidate <u>Frank Pallone</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u>NJ</u> District: <u>06</u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
Name of Federal Candidate <u></u>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: <u></u> District: <u></u>	
Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <u></u>					
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ <u>26 800 00</u>					
TOTAL This Period (last page this line number only) ▶ <u>206 960 00</u> (carry total from last page to Line 10)					

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/20/2010</i>
<i>JM</i> PREPARER	<i>10/21/2010</i> DATE PREPARED